



Department of Finance & Management
VISION Security Signature Authority Form

E-Mail: FIN.VisionSecurity@state.vt.us
Phone: (802) 828-0407 Option 2, Option 2
Fax: (802) 828-2434

VISION Expense module user's in the Expense Coordinator role will need **Signature Authority** access. This form must be signed by the department's Appointing Authority and submitted to FIN.VisionSecurity@state.vt.us.

*For this certification, **Appointing Authority** refers to elected officials, agency secretaries, department commissioners and their deputies, or, heads of branches, divisions, boards, and commissions not reporting to a department commissioner. Please refer to Bulletin 3.3 for more information.*

GL Business Unit: _____

Expense Coordinator Name (please type)

Employee ID

Expense Coordinator Name (please type)

Employee ID

Expense Coordinator Name (please type)

Employee ID

Expense Coordinator Name (please type)

Employee ID

Expense Coordinator Name (please type)

Employee ID

Expense Coordinator Name (please type)

Employee ID

Expense Coordinator Name (please type)

Employee ID

Expense Coordinator Name (please type)

Employee ID

Appointing Authority Name (**please type**)

Appointing Authority Signature

Date